

# APPENDIX

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The dating stamp of the  
Patent Office on this card  
will be taken as an indication  
that the accompanying paper

LETTER RE COMPLETION OF FILING  
REQUIREMENTS FOR INTERNATIONAL  
APPLICATION ENTERING U.S.  
NATIONAL STAGE IN U.S. ELECTED  
OFFICE (EO/US) UNDER 35 USC 371 in

**Customer Copy**  
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EV 908693109 US



UNITED STATES POSTAL SERVICE®

**Post Office To Addressee**

ORIGIN (POSTAL SERVICE USE ONLY)			DELIVERY (POSTAL SERVICE USE ONLY)		
PO ZIP Code <b>15219</b>	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ <b>14.40</b>	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Date Accepted <b>8-23-06</b>	Scheduled Date of Delivery Month <b>8</b> Day <b>24</b>	Return Receipt Fee \$	Mo. Day		
Mo. Day Year	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee Insurance Fee \$ \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time Accepted <b>4:50</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ <b>14.40</b>	Mo. Day		
Flat Rate <input type="checkbox"/> or Weight <b>3.60</b> lbs. ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials <b>Mueh</b>	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
			Mo. Day		
			<input type="checkbox"/> <b>WAIVER OF SIGNATURE (Domestic Mail Only)</b> Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
			<b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
<b>CUSTOMER USE ONLY</b>					
METHOD OF PAYMENT:			Federal Agency Acct. No. or Postal Service Acct. No.		
Express Mail Corporate Acct. No.					
<b>FROM: (PLEASE PRINT)</b> PHONE ( ) <b>THE ACSS LAW FIRM</b> <b>436 7TH AVE</b> <b>700 KUPPERUS BLVD</b> <b>PITTSBURGH, PA 15219-1826</b> <b>USA</b> <b>5000-053079 (RDO:nap)</b>			<b>TO: (PLEASE PRINT)</b> PHONE ( ) <b>MAIL STOP. PCT</b> <b>COMMISSIONER FOR PATENTS</b> <b>PO BOX 1450</b> <b>ALEXANDRIA, VA 22313-1450</b> <b>USA</b> <b>ATTN: DO/EO/US</b>		
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